Alberta Ministry of Health and Wellness

Three-Year Business Plan 2007 to 2010

Albertans are healthy and live, work and play in a healthy environment

April 2007

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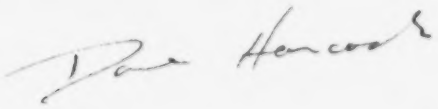
Health and Wellness

BUSINESS PLAN 2007-10

ACCOUNTABILITY STATEMENT

The business plan for the three years commencing April 1, 2007 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as of March 26, 2007 with material economic or fiscal implications of which I am aware have been considered in preparing the business plan.

The Ministry's priorities outlined in the business plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this business plan.



Dave Hancock, *Minister of Health and Wellness*
March 28, 2007

THE MINISTRY

The Ministry of Health and Wellness consists of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). This business plan sets out strategic changes, improvements and activities for both components of the Ministry in the three years ahead. The Ministry business plan guides department operational plans. Supplementary information on AADAC's business plan is in the appendix. The Ministry business plan also serves as a framework for the development of three-year health plans and one-year business plans by Alberta's nine regional health authorities and the Health Quality Council of Alberta and multi-year performance agreements by the Alberta Cancer Board and the Alberta Mental Health Board.

Financial information is consolidated in the Ministry Statement of Operations. A summary of progress on this business plan will be reported in the Health and Wellness 2007-08 Annual Report. A more detailed description of Alberta's health system can be found on the Ministry's website: www.health.gov.ab.ca.

VISION

Albertans are healthy and live, work and play in a healthy environment.

MISSION

Provide leadership and work collaboratively with partners to help Albertans be healthy.

LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

The Health and Wellness business plan links to the Government of Alberta 3-Year Business Plan 2007-10 through:

Goal 5: Albertans will be healthy.

Government of Alberta 2007-10 Priorities

The Government of Alberta has identified five Government Priorities. The Ministry directly supports the achievement of the following Government Priority: Improve Albertans' Quality of Life, by focusing on the Ministry's strategy to implement health care productivity reforms and long-term sustainability initiatives in consultation with health care professionals and regional health authorities.

The Ministry is also making a significant contribution to the following Government Priority: Manage Growth Pressures, by providing funding to respond to the recommendations from the Oil Sands Ministerial Strategy Committee on impacts of development in oil sands communities.

SIGNIFICANT OPPORTUNITIES AND CHALLENGES

Albertans highly value their health system. They expect it to operate efficiently and effectively and to provide them with timely, accessible, high quality service. Looking to the future, Albertans recognize the need to make their health system fiscally sustainable. They also recognize that Alberta is facing a period of unprecedented growth that is putting pressure on the health system and increasing the risk to the system's long-term sustainability. To help address those pressures there is a growing realization that each person has a responsibility for staying well and making healthy choices. Albertans expect their government to support individuals' choices by protecting public health and supporting families and communities in their efforts to maintain healthy lifestyles while minimizing social, behavioral or environmental factors that can undermine good health. Children, youth and individuals challenged by mental health issues or addictions are particularly vulnerable and need timely intervention and care. It is clear that government cannot meet all these expectations and challenges alone. Government needs the active engagement of communities, health system leaders and professional associations, municipalities and the general public working together to achieve shared health goals. Health and Wellness expects to face the challenges and opportunities that follow, over the next three years. These challenges and opportunities are not unique to Alberta. Globally, health systems face rising costs from new drugs and technologies, shortages of skilled health professionals and increasing expectations regarding quality and access from aging populations.

- **Sustainability** – Rising health care costs mean that the health system will continue to consume a disproportionate share of available public funds and resources. There is an opportunity to engage the public, patients, professionals and policy leaders in seeking the right balance among the many competing social and economic priorities. In the interest of long-term sustainability, government must have effective plans and policies that promote wellness and prevent illness, respond to citizens' immediate and chronic health care needs, increase the efficiency and effectiveness of existing health resources, expand capacity of both health workforce and health facilities, all while protecting and promoting public health measures and systems over the long term. **Business Plan Linkage: Goal 6**

- **Workforce** – Alberta is fortunate to have a large number of highly skilled and dedicated health professionals. The human resources needed to provide quality care are becoming scarce in a number of clinical service areas and geographic locations. The challenge of workforce shortages is compounded by the fact that the average age of health care providers is increasing and many are nearing retirement age. This creates an opportunity to put in place well coordinated recruitment and retention plans, particularly in rural regions. There is also opportunity to expand the capacity of Alberta's training centres and increase the supply of newly graduated physicians, nurses, and other health professionals. These strategies must be part of a comprehensive health workforce action plan that allows for flexibility in scopes of practice, appropriate incentives and new technology integration. **Business Plan Linkage: Goal 4**

- **Prescription Drugs** – Prescription drugs represent the fastest growing expenditure area in the health system. Used appropriately, prescription drugs can bring about significant improvement in the management of chronic conditions and have contributed to savings in other parts of the health system. For the 2005-06 fiscal year, the Government of Alberta spent about $1 billion on prescription drugs, while Albertans paid an additional $1.3 billion through direct payment or private insurance. This will increase to $2 billion by 2009-10. Annual cost increases of 14 per cent are not sustainable given other health care and social program priorities. There is an opportunity for Alberta to improve its prescription drug funding programs to improve cost effectiveness and efficiency. There are also opportunities for significant cost savings through consolidated provincial management, competitive pricing and evidence-based prescribing practices. **Business Plan Linkage: Goal 6**

- **Promotion, Protection and Prevention** – The cost of preventing disease and injuries is much less than the cost of diagnosis and treatment. The challenge is to invest strategically in the factors that reduce risk and promote health in all sectors of society. Lifelong health begins before birth and is influenced by a person's childhood and formative years. There is an opportunity to take action now to improve the health determinants for all Albertans, especially young people and those who are particularly vulnerable or at risk. **Business Plan Linkage: Goals 1 and 2**

- **Access** – Improving access to health services is a top priority. Albertans are generally satisfied with the quality of service provided by the health system once they gain access to those services. The challenge facing health service providers, health authorities and provincial health system leaders is to streamline processes, remove unnecessary bottlenecks and speed-up delivery of access to needed health services. Improved, integrated management of health services has increased access and satisfaction with services received. A comprehensive, system-wide approach to service delivery will continue to improve access. **Business Plan Linkage: Goal 3**

- **Governance and Accountability** – The complexity and diversity of Alberta's health system and increasing levels of public spending on health care create the need for sound governance, stewardship and accountability throughout the system. The challenge is to clarify roles and accountability relationships of all players; including regional health authorities, provincial health boards, municipalities, professional governance bodies, health service providers and individual citizens. In addition, there is an opportunity to improve operational performance, quality of care and the confidence of the public. **Business Plan Linkage: Goal 5**

- **Innovation, Research and Technology** – New technologies and innovations play a critical role in improving the health system. They include new medical devices, diagnostic and treatment protocols and pharmaceuticals. The challenge is to fully integrate innovation and technology so that improvements in the effectiveness of care and the quality of outcomes are not simply add-ons to existing services. Communication technologies such as Telehealth, Alberta Netcare (Alberta's electronic health record) and E-learning have helped to bridge gaps in care so that all Albertans can receive high quality care, regardless of where they live. There is an opportunity to invest strategically in technology development and commercialization to increase Alberta's productivity and global competitiveness. **Business Plan Linkage: Goal 6**

STRATEGIC PRIORITIES 2007-10

Through the Ministry's review of external and internal challenges, the strategic priorities described below have been identified. These are in addition to the important ongoing core activities of the Ministry.

GOVERNMENT PRIORITY – IMPROVE ALBERTANS' QUALITY OF LIFE

1. **Implement health care productivity reforms and sustainability initiatives.**

   Linkage:
   Goals 2, 3, 5 and 6

   Improve the confidence of Albertans in the health care system and ensure value-for-money in the delivery of health care through: continued implementation of an electronic health record for all Albertans; improved patient care with the implementation of Primary Care Networks and the development of new provider compensation methods; support for inter- and intra-regional collaboration in the delivery of services; and promote adoption of evidence-based decision making and best practices to improve access, system quality, productivity and outcomes. Effectiveness, efficiency and innovation will be achieved by pursuing opportunities to expand Telehealth, to re-think and reshape the roles of hospitals and to establish new ways of training and learning through innovations in virtual campuses and distance learning. Implement standards for continuing care and accommodation services that will better meet consumer expectations for access to and quality of care.

2. **Implement a new pharmaceutical strategy to improve management of drug expenditures and ensure access to sustainable government drug coverage.**

   Linkage:
   Goals 2, 3 and 6

   Pharmaceuticals, while an important component of healthcare, must be managed in the context of a fair, patient-centred healthcare system to optimize drug therapy and benefit all Albertans. In order to enable quality patient care and maintain drug program sustainability, Alberta must challenge the old way of doing business and adopt new strategies to improve patient outcomes, achieve equity and fairness, and implement needed cost controls.

3. **Strengthen public health services that promote wellness, prevent injury and disease and provide preparedness for public health emergencies.**

   Linkage:
   Goals 1, 2, 5 and 6

   Encourage Albertans to make healthier lifestyle choices. Provide Albertans with easier access to HealthLink and other information channels to increase awareness of health care and lifestyle choices. Promote healthy work environments; enhance efforts to prevent injury and accidents; protect Albertans against communicable diseases and environmental health risks; and prevent and treat addictions. Build on prevention through a variety of strategies.

GOVERNMENT PRIORITY – MANAGE GROWTH PRESSURES

4. **Comprehensive workforce strategy to secure and retain health professionals.**

   Linkage:
   Goals 2, 3, 4 and 5

   Invest in state-of-the-art medical and diagnostic equipment, health facilities and information and technology infrastructure to attract more world class research and researchers, establish centres of medical excellence and further expand the health sector as a driver of innovation and economic activity. Development of new compensation models and promotion of flexibility in scopes of practice will lead to innovative and more cost effective models of care in conjunction with further development of partnerships to increase workforce capacity.

CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

The Ministry has set six goals within its three core businesses.

Core businesses		Goals
One:	**Advocate and educate for healthy living**	1. Albertans make choices for healthier lifestyles 2. Albertans' health is protected
Two:	**Provide quality health and wellness services**	3. Improved access to health services 4 Contemporary health workforce 5. Improved health service outcomes
Three:	**Lead and participate in continuous improvement in the health system**	6. Health system efficiency, effectiveness, innovation and productivity

Core Business One: Advocate and educate for healthy living

GOAL ONE 1

Albertans make choices for healthier lifestyles

What it means The health and wellness of Albertans are influenced by personal decisions about lifestyle behaviours, employment status, education, environment, early childhood development and genetic factors. The Ministry, in collaboration with other ministries, orders of government and community partners provides health information to Albertans and promotes healthy lifestyles and quality of life choices.

Strategies

1.1 Provide Albertans with health and lifestyle information that will help them make healthy choices to promote individual well-being and reduce the risk of disease and injury.

1.2 Increase healthy behaviours and reduce the risk of disease, illness, accident and injury through collaboration with community stakeholders to strengthen the capacity of individuals and communities to make choices that promote wellness and decrease health risks.

1.3 Reduce the harm associated with alcohol, other drugs and gambling by making addiction information, prevention services and treatment services available province-wide.

1.4 Better address the health needs of children, youth, seniors, Aboriginal communities and Albertans with disabilities or who are disadvantaged, by working more closely with other ministries.

1.5 Explore options and potential benefits of incentives to encourage individuals, families and communities to make healthy lifestyle choices and to end behaviours that contribute to negative health outcomes.

Performance Measures	Last Actual (year)	Target 2007-08	Target 2008-09	Target 2009-10
1.a **Self-reported health status:** Percentage of Albertans reporting they are in "excellent, very good, or good" health[1]				
• 18-64 years of age	88 (2006)	90	90	90
• 65 years and older	86 (2006)	80	80	80
1.b **Life Expectancy:** Life expectancy at birth (years)[2]				
• Male	77.6 (2005)	78	78	78
• Female	82.7 (2005)	83	83	83
1.c **HIV Rates:** Age adjusted rate of newly reported HIV cases (per 100,000 people)[3]	5.2 (2005)	5.6	5.5	5.4
1.d **STI Rates**: Age adjusted rate of newly reported infections (per 100,000 people)[3]				
• Syphilis	4.5 (2005)	4.5	4.5	4.3
• Gonorrhea	48 (2005)	70	70	60
• Chlamydia	274 (2005)	300	290	280
1.e **Birth Weight:** Percentage of low birth weight babies[4]	6.4 (2003-05)	6.0	5.8	5.8
1.f **Exercise**: Percentage of Albertans age 12 and over who are "active or moderately" active[5]	55 (2005)	65	65	70
1.g **Healthy Eating:** Percentage of Albertans age 12 and over who eat at least 5 servings of fruit and vegetables each day[5]	39 (2005)	42	42	47
1.h **Healthy Weight:** Percentage of Albertans age 18 and over with "acceptable" body mass index (BMI)[5, 6]	46 (2005)	51	51	53
1.i **Diabetes:** Number of new cases of diabetes (per 1,000 population at risk)[5, 7]				
• General population	4.3 (2005)	4.3	4.3	4.2
• First Nations population	8.3 (2005)	8.7	8.7	8.6
1.j **Alcohol Consumption**: Percentage of Alberta women who consumed alcohol during pregnancy[8]	3.7 (2004)	3.2	3.0	2.7

Notes:

1 Self-reported health status is a good indicator of the health and well-being of Albertans. How people rate their own health is affected by a variety of factors including chronic disease, disability, temporary illness and mental health. The 2006 results for those 65 years and over may have been influenced by the changes in survey methodology, therefore, targets have been established based on a trend of the previous five years of data.

2 Life expectancy at birth indicates how long a newborn would be expected to live if health and living conditions remain unchanged. It reflects an equitable distribution of wealth in the population, good nutrition, education and environmental conditions.

3 Due to the rising rate of all STIs, a further rise is anticipated in both STI and HIV, potentially peaking in 2008 and then declining. These increasing rates are similar nationally and internationally. The targets represent a slowing in the rate of increase.

4 A low birth weight is 2500 grams or less. Low birth weight babies are more likely to have birth related complications, disabilities and other health problems. They are also at a greater risk of having developmental delays and health problems.

5 Chronic diseases such as cancer and diabetes are leading causes of death in Alberta and the greatest drain on our health care resources. The most common chronic diseases are linked by a few risk factors: unhealthy eating, lack of exercise, tobacco use and substance abuse. If we can make healthier choices we can move closer to the vision of Albertans are healthy and live, work and play in a healthy environment. The results for these measures are obtained from the Statistics Canada Canadian Community Health Survey which occurs every 2 years.

6 An "acceptable" BMI falls in the normal weight range. There are four categories of BMI ranges in the Canadian weight classification system. They are: underweight (BMIs less than 18.5); normal weight (BMIs 18.5 to 24.9); overweight (BMIs 25 to 29.9), and obese (BMI 30 and over). Most adults with a high BMI (overweight or obese) have a high percentage of body fat. Extra body fat is associated with increased risk of health problems such as diabetes, heart disease, high blood pressure and some cancers.

7 This measure is a proxy for Type 2 diabetes, which accounts for 90 to 95 per cent of all diabetes cases. Health Canada and the American Diabetes Association use the incident rate of diabetes as a proxy for monitoring the incidence of type 2 diabetes. The Ministry uses this measure to evaluate screening and health promotional programs for diabetes, especially Type 2 Diabetes.

8 Consuming alcohol during pregnancy can result in fetal alcohol spectrum disorder (FASD). A baby born with FASD can have serious handicaps and therefore could require a lifetime of special care. Alberta's goal is to have zero per cent of women consume alcohol during pregnancy by 2012.

GOAL TWO 2 Albertans' health is protected

What it means The Ministry monitors the health status of Albertans and the health system and provides leadership and planning for prevention services such as immunization, environmental health and health education services delivered through health authorities and other partners. Albertans need to know their health system is ready and able to protect them. The Ministry provides support and leadership in the development of the overall provincial response and emergency plans to deal with outbreaks and health threats. These services help to protect Albertans from diseases, accidents, injuries and addictions.

Strategies

2.1 Reduce suicide and the risk of serious injury through education and targeted interventions in collaboration with other agencies.

2.2 Protect Albertans against communicable diseases by strengthening the health system's capacity to prevent, prepare for and respond to public health risks.

2.3 Improve access to disease screening and prevention services.

2.4 Protect the safety and well-being of Albertans in collaboration with other ministries and health stakeholders during the course of environmental impact assessments associated with rapid industrial growth and significant expansion in the province's energy sector.

2.5 Put Alberta at the forefront of cancer prevention, screening and research, in part, through utilization of funding from the Alberta Cancer Prevention Legacy Fund.

2.6 Develop an infection prevention and control strategy and work with other ministries and stakeholders to reduce the transmission of infection in the provision of health care and community services such as day care.

Performance Measures	Last Actual (year)	Target 2007-08	Target 2008-09	Target 2009-10
2.a **Mortality Rates:**[1]				
• Land Transport Accidents (per 100,000 population)	12.2 (2005)	12.0	12.0	12.0
• Suicide (per 100,000 population)	13.7 (2005)	13.7	13.5	13.3
2.b **Childhood immunization coverage rates:**[2] (Percentage covered by 2 years of age)				
• Diphtheria, tetanus, pertussis, polio, Hib	82 (2005)	93	97	97
• Measles, mumps, rubella	91 (2005)	96	98	98
2.c **Influenza vaccination:** [3]				
• Percentage of seniors who have received the recommended annual influenza (flu) vaccine	68 (2006)	75	75	75
• Percentage of children 6 to 23 months old who have received the recommended annual influenza (flu) vaccine	59 (2005)	75	75	75
2.d **Screening rate for breast cancer:** Percentage of women age 50 to 69 years old receiving a mammography every two years[4]	72 (2005)	75	75	75

Notes:

1 Raise awareness of the significant burden motor vehicle collisions and suicide have on society and assure Albertans that actions will be taken to impact these behaviours. Along with Infrastructure and Transportation and the RCMP, the Ministry funds and supports the work of the Alberta Occupant Restraint Program through the Alberta Centre for Injury Control and Research.

2 Providing immunizations for childhood vaccine-preventable diseases is a major activity of the public health system. Immunizations protect children and adults from a number of vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of coverage is needed to protect the entire community from outbreaks of these diseases. Immunizations also provide the parents of young children with the opportunity to obtain other needed health information and advice during clinic visits. The targets were developed in accordance with national standards as outlined in the Alberta Immunization Manual, 2001.

3 Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among young children, older Albertans, residents of long-term care facilities and those with certain chronic conditions. Illness and death from influenza is more likely in these populations, which ultimately impacts the acute care hospitals and emergency departments.

4 Education and screening reduces the rate of breast cancer among women from 50-69 years of age. The screening rate is an appropriate indicator of the effectiveness of the health system to detect cancer as soon as possible. This measure includes screening mammograms and mammograms for other reasons received over the past two years.

Core Business Two: Provide quality health and wellness services

GOAL THREE 3

Improved access to health services

What it means Albertans expect reasonable access to health services where and when they are needed. Working with health authorities and service providers, Health and Wellness sets policy and develops wait-time targets for the health system to improve management of service delivery. Improving access to health services means the Ministry works with partners throughout Alberta to improve integration, to streamline processes throughout the continuum of care, to communicate best practices and to share resources and information so that all citizens benefit from more efficient and effective health service delivery and improved health outcomes.

Strategies

3.1 Enable more Albertans to age-in-place in their homes and communities through development of a comprehensive continuing care services model in collaboration with the Ministry of Seniors and Community Supports.

3.2 Support the community-based implementation of the Provincial Mental Health Plan and new patient activity reporting requirements in partnership with the Alberta Mental Health Board, regional health authorities and other stakeholders.

3.3 Improve patient care and service delivery through increased coordination and collaboration between and among Alberta's regional health authorities and provincial health boards.

3.4 Improve access, in general, to specialists, all elective surgery and regional programs and, specifically, to cancer care, children's mental health services, heart and cataract surgeries and diagnostic services so as to meet, or beat, national benchmarks.

3.5 Increase access to primary health care by changing how these services are organized, funded, delivered and measured.

3.6 Increase access to health facilities and services by developing and implementing regional, long-term capital plans in partnership with health authorities and other ministries.

Performance Measures	Last Actual (year)	Target 2007-08	Target 2008-09	Target 2009-10
3.a **Wait Times:** Regional Health Authority achievement of wait time goals (in weeks)[1, 2]				
• Hip replacement surgery	48 (2006)	26	26	26
• Knee replacement surgery	60 (2006)	26	26	26
• Heart Surgery (CABG)	15 (2006)	26	26	26
• Cataract Surgery	34 (2006)	16	16	16
• MRI	18 (2006)	14	12	12
• CT	8 (2006)	8	8	8
3.b **Wait Times:** Children's Mental Health Services achievement of wait time goals. (in weeks)[1, 3]	12 (2004-05)	12	11	10
3.c **Number of persons waiting for long term care facility placement:**[1]				
• In acute hospital	251 (2006)	242	230	225
• Urgent in community	265 (2006)	233	221	220
3.d **Percentage of Albertans who have used Health Link Alberta**[4]	39 (2006)	39	40	41

Notes:

1 Providing reasonable access to needed health services is a major objective and a defining attribute of the publicly funded health system. Longer waits affect health status and quality of life and result in more costly health services. Albertans requiring emergency services are not placed on wait lists.

2 Data obtained from the Alberta Waitlist Registry. Wait time targets for hip and knee replacement surgery, Coronary Artery Bypass Graft (CABG) and cataract surgery were developed at a national level by the Provincial and Territorial Ministers of Health, while MRI and CT targets were developed by Alberta. Excludes emergency patients. Wait times are presented as the 90th percentile. 90th percentile means 90 per cent of patients waited that long or less.

3 Data obtained and collected by the Alberta Mental Health Board (AMHB). Data is presented for children who were enrolled or seen in a clinic or program during the fiscal year. The targets are developed by the AMHB. Wait times are presented as the 90th percentile. 90th percentile means 90 per cent of patients waited that long or less.

4 Health Link Alberta is a 24 hours a day, seven days a week service which provides Albertans with access to general health and service information from a registered nurse.

GOAL FOUR 4

Contemporary health workforce

What it means Provide strong leadership by implementing a comprehensive, contemporary workforce strategy designed to retain, attract and train the qualified and integrated health workforce needed to meet the current and future health care needs of Albertans.

Strategies

4.1 Develop, coordinate and implement health workforce plans, in collaboration with health system stakeholders, to ensure workforce needs are met for at least the next 10 years.

4.2 Address health workforce demand by working with key stakeholders to develop or expand health service provider retention, recruitment, education, training and compensation programs.

4.3 Promote innovation in service delivery and compensation, emphasizing multidisciplinary teams to encourage care practitioners to work collaboratively with regional health authorities, professional organizations and through the Tri-lateral Master Agreement and Primary Care Networks.

4.4 Promote effective and efficient utilization of the health workforce; encourage interdisciplinary understanding of scopes of practice for care providers and strive to enable all healthcare practitioners to work to their full scopes of practice.

4.5 Increase rural access to health care practitioners and multidisciplinary teams.

4.6 Secure a new legislative framework for governing regulated health service providers through implementation of the *Health Professions Act*.

Performance Measures	Last Actual (year)	Target 2007-08	Target 2008-09	Target 2009-10
4.a **Number of physicians in Alternate Relationship Plans**[1]				
• Non-academic	277 (2006)	750	1,100	1,500
• Academic	444 (2006)	510	530	550
4.b **Number of postgraduate medical seats**[2]	955 (2006)	1,103	1,162	1,219
4.c **Number of health workforce practitioners**[3]	49,691 (2005)	52,600	54,000	55,200
4.d **Proportion of Albertans who have a family doctor** (percentage of total population)[4]	81 (2006)	88	90	90

Notes:

1 Successful achievement of this measure will indicate that larger numbers of health services are being delivered to Albertans in models of collaborative, multidisciplinary and integrated practice. Alternate Relationship Plans are new physician compensation models that offer flexibility from volume driven fee-for-service payments. They support greater use of multidisciplinary teams and other changes to improve overall patient care.

2 Increasing the number of education seats for physicians should result in more licensed physicians. More physicians improve access to physician services and reduce wait times.

3 Physicians, nurses (registered nurses, licensed practical nurses, registered psychiatric nurses), pharmacists and rehabilitation professionals (physiotherapists, occupational therapists, respiratory therapists) are included. This goal measures the growth selected health professions as a proxy for the entire health workforce. Increasing the health workforce helps to reduce wait times and improve access to services.

4 The proportion of Albertans who have a family doctor is rising and encompasses a solid majority of residents. A family doctor who knows his/her patients' history and health issues is in the best position to work with patients and their families to reduce the risk of disease and attain their health goals.

GOAL FIVE

5 Improved health service outcomes

What it means Albertans expect the best possible care and outcomes when they use the health system. In partnership with health service providers and communities, the Ministry works to improve and assure quality at all levels of service delivery and health promotion. The Ministry continually develops and updates standards, monitors compliance with standards to ensure the quality of programs and services, and develops new initiatives in response to technological advances, demographic changes and other factors.

Strategies

5.1 Help Albertans with chronic health conditions maintain optimum health through appropriately managed and coordinated care provided by both private and voluntary support systems.

5.2 Improve access to and quality of continuing care services through implementation of standards and compliance enforcement.

5.3 Strengthen the health system's capacity to define, identify, report, monitor and prevent hospital or community acquired infections, adverse events and medical errors.

5.4 Improve performance of Alberta's health system through public reporting of information from the Health Quality Council of Alberta, including patient/client feedback.

5.5 Improve performance and accountability in emergency medical services by providing leadership, establishing standards and fostering more integrated and efficient relationships among emergency medical service providers, municipalities and regional health authorities.

Performance Measures	Last Actual (year)	Target 2007-08	Target 2008-09	Target 2009-10
5.a **Ambulatory Care Sensitive Conditions hospitalization rates** (per 100,000 age standardized population)[1]	430 (2005)	400	400	400
5.b **30-day heart attack survival rate** (in per cent) for patients treated in hospital (three-year average for data)[2]	91 (2002-05)	92	92	92
5.c **5-Year Cancer survival rates:** (in per cent)[3]				
• Breast cancer survival rate (female rate only)	85 (1998-2003)	85	86	87
• Colorectal cancer survival rate (male and female)	55 (1998-2003)	60	60	60

Notes:

1 Hospitalization rates for chronic conditions like asthma, diabetes, depression, hypertension, neurosis and alcohol and drug dependencies. Albertans need to be assured that their health system is ready and able to treat those with chronic health conditions to maintain optimum health through appropriately managed and coordinated care.

2 Albertans expect the best care and outcomes whenever they use the health system. The 30-day survival rate for heart attacks is an appropriate measure of the quality of health care the system provides in its hospitals.

3 Survival rates are important not only because they indicate the proportion of people who will be alive at a given point after they have been diagnosed with cancer, but also because they may allow the effectiveness of cancer control programs to be evaluated.

Core Business Three: Lead and participate in continuous improvement in the health system

GOAL SIX 6

Health system efficiency, effectiveness, innovation and productivity

What it means Alberta's complex health system is challenged by continuous change, rising costs, population growth and increased public expectations. Health system innovation can best be achieved in collaboration with stakeholders and the Alberta public, through an effective coordination of efforts and clear, timely communication.

Strategies

6.1 Implement a new pharmaceutical strategy to improve the management of government drug expenditures to give Albertans access to sustainable drug coverage while protecting them from catastrophic drug costs.

6.2 Enhance and clarify the accountability relationships and mechanisms within the health system.

6.3 Strengthen the public health system through implementation of the provincial public health strategic plan.

6.4 Lead in further enhancing and defining the quality, security and privacy of health data and information in cooperation with health system stakeholders.

6.5 Position Alberta's interests at the forefront of collaborative federal-provincial initiatives by working with key partners and stakeholders at the federal and provincial levels of government.

6.6 Enhance the sustainability of the publicly funded health system through collaborative initiatives to strengthen communication, integration and coordination across ministries and among health authorities.

6.7 Build capacity to measure, monitor and report health system costs.

6.8 Establish a health system performance framework consistent with best practices and international benchmarks.

6.9 Maximize the benefits received from investing in health care by assessing the efficiency of regional health authority operations and establishing permanent mechanisms for periodic reviews of regional health authority efficiency, effectiveness and governance.

6.10 Improve provision of quality patient care by supporting wider distribution and uptake of new health information technologies and standardized business processes throughout the health system.

6.11 Strengthen evidence-based decision-making in determining whether to fund health services, technologies, devices and pharmaceuticals from public funds.

6.12 Foster a climate for made-in-Alberta health products, services, research and intellectual property to further develop the role of the health sector as an economic driver.

6.13 Continue to support policy development through the ongoing development of legislation and a legislative framework for health care delivery that aligns with the *Health Policy Framework* and is responsive to future policy initiatives.

6.14 Develop a strategy that responds to short and long term pressures stemming from the rapid and sustained oil sands development.

Performance Measures	Last Actual (year)	Target 2007-08	Target 2008-09	Target 2009-10
6.a **Public Rating of health system overall** (percentage responding "good" or "excellent")[1]	65 (2006)	69	70	70
6.b **Number of care providers accessing the Electronic Health Record**[2]	8,980 (2005)	15,000	20,000	21,000
6.c **Access to data:** Percentage of stakeholders reporting easy access to information[3]	81 (2006)	85	90	90
6.d **Household spending on drugs:** Percentage of households spending over five per cent of household income after taxes on prescription drugs[4]	2.7 (2005)	2.5	2.5	2.5

Notes:

1 Albertans perceptions about the health system or experiences within the health system may contribute to their judgments about quality of service including timeliness, competence, safety, health outcomes and communication between patient and provider.

2 This is a clinical health information network that links community physicians, pharmacists, hospitals and other authorized health care professionals across the province. It lets these health care practitioners see and update health information such as a patient's allergies, prescriptions and lab tests. As more providers access the system, more consistent care and improved treatment decisions will result.

3 Albertans want to know that stakeholders get the information they need to work effectively and efficiently, and to make the best decisions on how to improve the health system.

4 Prescription drugs are a major component of health care and some treatments can be very expensive. Compared to other provinces Albertans are younger on average and enjoy one of the highest average household incomes. As well, 73 per cent of Albertans have insurance coverage for prescription drugs through either a public or private plan.

EXPENSE BY CORE BUSINESS
(thousands of dollars)

	Comparable					
	2005-06 Actual	2006-07 Budget	2006-07 Forecast	2007-08 Estimate	2008-09 Target	2009-10 Target
Advocate and Educate for Healthy Living	195,754	243,109	243,109	285,086	257,273	260,820
Provide Quality Health and Wellness Services	8,974,414	9,774,017	10,185,253	11,497,927	12,088,879	12,346,124
Lead and Participate in Continuous Improvement in the Health System	401,807	301,374	306,289	262,278	267,153	257,825
MINISTRY EXPENSE	9,571,975	10,318,500	10,734,651	12,045,291	12,613,305	12,864,769

MINISTRY STATEMENT OF OPERATIONS
(thousands of dollars)

	Comparable					
	2005-06 Actual	2006-07 Budget	2006-07 Forecast	2007-08 Estimate	2008-09 Target	2009-10 Target
REVENUE						
Internal Government Transfers	345,291	387,803	387,803	304,497	411,236	418,018
Transfers from Government of Canada:						
Canada Health Transfer	1,543,749	1,743,895	1,453,207	1,701,759	1,842,108	1,995,313
Wait Times Reduction	62,908	121,335	121,335	121,889	61,222	27,183
Diagnostic / Medical Equipment	49,690	-	-	-	-	-
Other	182,710	22,540	20,682	4,709	4,909	5,165
Investment Income	13,998	6,000	21,000	16,000	16,000	8,000
Premiums, Fees and Licences	922,652	906,588	937,521	944,588	960,588	973,588
Other Revenue	107,553	98,535	103,143	103,706	101,380	86,880
MINISTRY REVENUE	3,228,551	3,286,696	3,044,691	3,197,148	3,397,443	3,514,147
EXPENSE						
Program						
Health Authority Services	5,569,741	5,898,125	6,010,125	6,583,989	6,877,786	7,157,612
Mental Health Innovation	24,999	25,000	25,000	25,000	-	-
Total Health Authority Services	5,594,740	5,923,125	6,035,125	6,608,989	6,877,786	7,157,612
Physician Services	1,757,453	1,920,772	2,067,772	2,431,139	2,477,611	2,525,013
Non-Group Health Benefits	586,546	689,576	668,139	732,010	816,889	932,451
Allied Health Services	74,457	82,930	81,830	93,234	103,964	108,229
Protection, Promotion and Prevention	88,998	127,180	127,180	167,363	138,031	139,796
Human Tissue and Blood Services	118,684	131,700	131,700	135,000	142,000	149,000
Provincial Programs	330,932	349,646	370,782	373,756	596,987	828,196
Addiction Prevention and Treatment Services	77,444	94,667	94,667	96,361	98,100	99,882
Ministry Support Services	146,886	174,196	173,001	180,333	181,661	184,251
Health Information Systems	243,625	147,786	153,896	102,653	105,980	94,062
Infrastructure Support	503,904	610,559	760,559	1,058,090	1,007,933	579,914
Cancer Research and Prevention Investment	-	25,000	25,000	25,000	25,000	25,000
Health Care Insurance Premiums Revenue Write-Offs	47,047	41,363	45,000	41,363	41,363	41,363
Valuation Adjustments and Other Provisions	1,259	-	-	-	-	-
MINISTRY EXPENSE	9,571,975	10,318,500	10,734,651	12,045,291	12,613,305	12,864,769
Gain (Loss) on Disposal and Write Down of Capital Assets	-	-	-	-	-	-
NET OPERATING RESULT	(6,343,424)	(7,031,804)	(7,689,960)	(8,848,143)	(9,215,862)	(9,350,622)

CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable					
	2005-06 Actual	2006-07 Budget	2006-07 Forecast	2007-08 Estimate	2008-09 Target	2009-10 Target
Ministry Revenue	3,228,551	3,286,696	3,044,691	3,197,148	3,397,443	3,514,147
Inter-ministry consolidation adjustments	(345,514)	(387,803)	(387,803)	(304,497)	(411,236)	(418,018)
Consolidated Revenue	2,883,037	2,898,893	2,656,888	2,892,651	2,986,207	3,096,129
Ministry Expense	9,571,975	10,318,500	10,734,651	12,045,291	12,613,305	12,864,769
Inter-ministry consolidation adjustments	(573)	(200)	(350)	(200)	(200)	(200)
Consolidated Expense	**9,571,402**	**10,318,300**	**10,734,301**	**12,045,091**	**12,613,105**	**12,864,569**
Gain (Loss) on Disposal and Write Down of Capital Assets	-	-	-	-	-	-
CONSOLIDATED NET OPERATING RESULT	(6,688,365)	(7,419,407)	(8,077,413)	(9,152,440)	(9,626,898)	(9,768,440)

CAPITAL INVESTMENT BY CORE BUSINESS

(thousands of dollars)

	Comparable					
	2005-06 Actual	2006-07 Budget	2006-07 Forecast	2007-08 Estimate	2008-09 Target	2009-10 Target
Advocate and Educate for Healthy Living	30,210	31,778	31,778	31,778	31,778	31,778
Lead and Participate in Continuous Improvement in the Health System	12,048	44,000	29,871	42,143	30,000	30,000
MINISTRY CAPITAL INVESTMENT	42,258	75,778	61,649	73,921	61,778	61,778

CAPITAL INVESTMENT BY PROGRAM

(thousands of dollars)

	Comparable					
	2005-06 Actual	2006-07 Budget	2006-07 Forecast	2007-08 Estimate	2008-09 Target	2009-10 Target
Protection, Promotion and Prevention	30,091	31,600	31,600	31,600	31,600	31,600
Addiction Prevention and Treatment Services	119	178	178	178	178	178
Ministry Support Services	2,500	-	-	4,100	-	-
Health Information Systems	9,548	44,000	29,871	38,043	30,000	30,000
MINISTRY CAPITAL INVESTMENT	42,258	75,778	61,649	73,921	61,778	61,778

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)

BUSINESS PLAN 2007-10

The Alberta Alcohol and Drug Abuse Commission (the Commission) is mandated by the *Alcohol and Drug Abuse Act* to operate and fund services addressing alcohol, other drug and gambling problems, and to conduct related research. AADAC is an agency of the Government of Alberta reporting to the Minister of Health and Wellness. The Commission is governed by a board of directors consisting of up to 12 members appointed by the Lieutenant Governor in Council. The board chair is a Member of the Legislative Assembly. The Commission board provides policy direction for AADAC programs and services.

VISION

A healthy society that is free from the harmful effects of alcohol, other drugs and gambling.

MISSION

Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling.

STRATEGIC PRIORITIES 2007-10

AADAC contributes to the goals and objectives of the Government of Alberta by delivering responsive and affordable programs and services that promote healthy living. Through the Commission's review of external and internal challenges, and in addition to AADAC's core activities, the Commission has identified the following strategic priorities for 2007-2010.

1. Review existing addiction programs to ensure effective and efficient delivery of services.
2. Ensure the ongoing sustainability of addiction services across the province.
3. Emphasize youth programs and services for families.
4. Renew the focus on alcohol as a key issue in the health of Albertans.
5. Provide specialized programming for problem gambling, tobacco reduction and methamphetamine use.
6. Support employee wellness initiatives.

CORE BUSINESSES, GOALS AND PERFORMANCE MEASURES

Core Business One: Information

AADAC provides Albertans with current and accurate information on alcohol, other drugs and gambling. Information management and dissemination creates greater awareness of addiction issues and AADAC services, and is required to support the development and delivery of prevention and treatment programming. Information and resource materials are available through AADAC offices and clinics, and are accessible on the AADAC website at: www.aadac.com.

GOAL ONE 1

To inform Albertans about alcohol, other drug and gambling issues, and AADAC services

Performance Measures	Last Actual (2005-06)	Target 2007-08	Target 2008-09	Target 2009-10
1.a **Percentage of Albertans who are aware of AADAC services**	88	90	90	90
1.b **Percentage of women who are aware that alcohol use during pregnancy can lead to life-long disabilities in a child**	98	99	99	99

Core Business Two: Prevention

AADAC provides programs and services that are designed to prevent alcohol, other drug and gambling problems, and reduce the harm associated with substance abuse and problem gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

GOAL TWO 2

To prevent the development of and reduce the harm associated with alcohol, other drug and gambling problems

Performance Measures	Last Actual (2005)	Target 2007-08	Target 2008-09	Target 2009-10
2.a **Prevalence of smoking among Alberta youth** (per cent)	11	10	10	10
2.b **Prevalence of regular, heavy drinking among young Albertans** (per cent)	31	30	30	30

Core Business Three: Treatment

AADAC offers a broad continuum of treatment services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems. Treatment is aimed at adults, youth and their families who are displaying significant problems. Services include community-based outpatient counseling, day programs, crisis and detoxification services, short and long-term residential treatment, and overnight shelter. Specialized programs are available for youth, women, aboriginals, business and industry referrals, persons with opioid dependency or cocaine addiction and individuals affected by family violence.

GOAL THREE 3

To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems

Performance Measures	Last Actual (2005-06)	Target 2007-08	Target 2008-09	Target 2009-10
3.a **Percentage of clients satisfied with treatment services**	96	95	95	95
3.b **Percentage of clients reporting they were improved following treatment**	91	93	93	93